

Collaborative Coordination for Team Building

(Sharing the ABLE Team Model)

“The whole is greater than the sum of its parts.”

What is Collaborative Coordination?

Collaborative coordination is forming and using an individualized and interactive group as in a core team composed of family members, professionals and others concerned and working together in partnership for the improved outcome of an identified child and family. The model is used by the Able Program and we present it as a novel clinical-preventative practice for other programs to initiate and use also. We continue to utilize it in our collaborative team experiences, and the criteria are stated below.

The Most Complex Need Collaboration:

The child's complex problems are found not being sufficiently resolved when it is determined that at least two risk factors in each of the four domains listed below, or a total of 12 out of the 19 factors or clinical judgment of the team and available slots based on thoughts. Although these are our criteria for the most needy, other programs will have their own combined classification determined by their own community needs. The team is referred back to “using the web” for reviewing other options at early levels of problem definition at child, family, school and community-cultural situations.

- **Child**

The Child Behavior Checklist, or Youth Outcome Questionnaire, and self-rating scales may show subscales of more than *2 standard deviations from the mean*.

Child Neuro-developmental or select chronic medical conditions may exist.

There is often a *lack of support relationships for the child*.

The child has been subject to *abuse or neglect*.

The child is in foster care.

- **Family**

A Parent Stress Inventory with clinical significant levels.

There may be *lack of support network* among extended family, friendships and community.

There is *substance abuse*.

There are significant and chronic social-emotional and/or physical factors.

- **School**

The Teacher Report Form, or other appropriate tools, as the BASC to assess internal and externalized behavioral problems that are interpreted to be 2 standard deviations from the mean.

There is *a* lack of expected academic progress as measured by report card or other performance data, despite usual interventions or Special Education Services being provided.

The child has poor school attendance as measured by the Truancy Law.

Significant episodes of in-school or out-of-school suspensions.

◆ **Community-Culture**

Two or more agencies are already involved.

There is acculturation *stress* as the family is struggling to establish a new bi-cultural identity.

Family is at or above 200% of Federal Poverty level.

The family is not utilizing normal community support such as extended family or friend.

The family may have no primary health care or Medical Home.

Two or more Juvenile Court involvements.

Benefits of Collaborative Coordination

The parents are likely to feel ‘stuck’ because of the identified child’s poor progress. Using formal and informal assessment tools, a lack of protective factors is often identified along with high risks. Team building and CC includes the premise of brokering and enhancing the ratio of protection and risk factors.

- ◆ CC brings the parents to the group with equality and recognition of their unique expertise with the child.
- ◆ CC is commensurate with the IEP model in education to view the parent as a team member.
- ◆ CC is in alignment with national initiatives of the Surgeon General and Healthy People 2010 for working in partnerships.
- ◆ The benefits coming to the identified child will have a positive secondary effects to other children in the family.
- ◆ CC provides an on-going learning environment and training for each of its members which in turn can also be used proactively with other families in need.
- ◆ The CC provides a learning opportunity in cultural diversity and appreciation.
- ◆ Multi perspectives from each team member are used in a synergistic effect for problem solving and intervention development.
- ◆ More comprehensive understanding comes from evaluation of multiple outcomes in multiple settings.
- ◆ CC offers cost-effectiveness in dealing with ever-expanding numbers of at-risk children.
- ◆ CC provides immunization against burnout of parents and their providers.
- ◆ Medical risks in families may be reduced, ultimately reducing society’s medical costs.
- ◆ Functioning in the spirit of the collaborative ethic, the team members will feel hope for positive change.

Who is to be on the team?

The people joined together in a core team ideally are those who are important to the child, who can play a part in identifying current needs, and who can develop solutions. The team could be just a few individuals, or several persons, but ought to include the following:

- The parent or guardians
- The child, when appropriate
- A parent support person (kin, friend, parent advocate, etc.)
- Key school personnel
- An interpreter, if needed, to translate language and culture

- Pertinent agency representative(s)
- Someone to represent any medical or health concerns

The Role of a Collaborative Leader (CL)

- Collaborative Leaders and their assistants are *informally designated team members* with available time, concern, good organizational skills, and interpersonal skill such as in redirecting possible negative or blaming momentum. They have the approval of the parents, and model hope and empowerment for the child and family.
- With parent permission, the CL or an assistant *reviews available clinical and cultural background* information.
- The CL or an assistant *guides and facilitates the discussion* and fosters support of differing points of view.
- The CL or an assistant *negotiates the delegation and distribution of various duties* pertaining to interventions, insuring that attention has been *focused on the four domains* of the child's life previously indicated: child, family, school and community.
- The CL or an assistant insures that *intervention data are provided* for the next meeting, and may delegate reminder calls to the members assigned to work on specific interventions between meetings.
- The CL or an assistant may ask a social worker or counselor to *obtain a needed genogram or family pedigree* which could include helpful information on supportive extended family members as well as critical and likely impacting events and health conditions.
- The CL or an assistant sees that necessary *releases of information are obtained*, and emphasizes confidentiality between members invited to the meeting(s).
- The CL or an assistant *summarizes the meeting*, and is careful to review *the recommended interventions* as well as *methods for tracking or measuring them*.
- With the help of an assistant, the CL *coordinates a follow-up meeting* time and place, and sees that meetings are scheduled.

What preparations are needed for the meeting?

- Invitational phone calls are made, stating the reason for the meeting and whose attendance is needed.
- Arrangements are made for an interpreter and/or translator, if needed.
- For families with non-traditional cultural beliefs, the team members try to become informed about those beliefs.
- Critical information from a prior assessment may need to be reviewed among the team members prior to the meeting.
- Internet search for cultural knowledge, social themes, and literature search for medical conditions.
- Helpers to be mindful of their own needs, threat sensitivity as well as their biases, prejudices and value conflicts.

What if a key person won't be able to attend?

- *Written information* can be obtained prior to the meeting.
- Information can be made available for the meeting by *phone*.
- A *conference phone call* during the meeting, or even a *closed-circuit teleconference* could include some persons otherwise unable to attend.
- An *alternative representative* could be sent to the meeting.
- E-mail exchange pertinent to the meeting could take place after team relationships are developed and contingent on parent permission.

What is the structure of the team meetings?

- Members are asked to introduce themselves and their relationship to the child and family.
- Someone is delegated to record legibly the meeting's attendance and proceedings.
- The child and family's strengths are discussed, as are special moments when the child may have recently shown improved behavior.
- Parents and others are then asked to share their stories, concerns and solutions.
- Collected data and current evaluations are reviewed.
- The Collaborative Leader (CL) or assistant models *acceptance, respect* and *trust* as concerns are discussed.
- *Focus* is placed on target or concerning behaviors as well as what's right and already working rather than on expressing negative feelings.
- Further focus is placed on the *setting and context* where the target or concerning and resilient behaviors occur, and the *consequences* that are given.
- The parents and others are asked for other ideas they may have, or changes they'd like to see take place.
- Brainstorming occurs, and treatment strategies are matched with identified child and parent strengths and hopes.
- Intervention plans are developed and agreed upon, along with methods of measurement.

What are the contents of the team plan?

- The child and family needs are assessed.
- Clear goals and interventions are written and developed, based on and measured by personal reporting and behavioral data. (The degree of intervention will vary with the different levels of child, family, school and community needs.)
- There is clear specification of who will do what and when.
- The selected Collaborative Leader (CL) or assistant will summarize the meeting and its plan, work to insure its proper implementation. A confidential Community Meeting Feedback (Link) completed by team members at the close of each meeting, would provide immediate feedback and helpful suggestions.
- A copy of the plan would then be made available to each team member before leaving the meeting.
- CC will and will secure the follow-up arrangements, giving particular attention to the date, time, place, and who is to attend.

How is the follow-up meeting structured?

- Flexible meetings are scheduled according to 30, 60, or 90 days or more frequent if desired.
- Introductions are made, and the child and family are asked how things have been going since the last meeting.
- The meeting is conducted in a way that the family feels heard and understood.
- Progress on the established goals is discussed.
- Positive behavioral changes as well as secondary gains are looked for and acknowledged in the child and family.
- Actual progress toward the child and family goals is celebrated, along with acknowledgement given to those who contributed to the progress.
- If significant concerns remain, a new plan is formed using the same follow-up structure.
- If no progress is being reported, consider the following:
 - Was there confusion regarding how to carry out the interventions?
 - Were team members overwhelmed by given tasks?
 - Were the steps for progress too large?
 - Was there a mismatch between the family's preferences and culture and the intervention goals?
 - Were the child and parents included in a true partnership and alliance among members?
 - Were outcome measures clearly designed to reflect positive change?
 - Does the team need to look closer for any positive movement toward the goals?
 - Does the plan need to be modified?
 - Could the child be deteriorating because of some other physical condition or family stress not yet identified?

How long does the core team continue to meet?

- ◆ Regular scheduled meetings are held as often as felt needed by parents or others to promote a proactive approach with the identified child and family, in contrast to a reactive approach of “putting out fires.” As core teaming progresses, not all initial team members are likely to be needed for future meetings. This is determined prior to each subsequent meeting.

In time, the meetings will provide transition planning with ultimate “graduation” from the current core team to the on-going and natural support systems, such as the extended family, school and hopefully a medical home.